

**STATE of NEW YORK, COUNTY OF SARATOGA
AFFIDAVIT AND APPLICATION FOR CERTIFICATE OF RESIDENCE
IN CONNECTION WITH ATTENDANCE AT A COMMUNITY COLLEGE**

I, _____, hereby swear (or affirm) that I reside* at:
Name

Physical Street Address City State, Zip

I have lived at the above address from ____ / ____ / ____ to present.

My current physical address is located in the Town of _____, in the County of _____, State of New York. I swear that I have been a resident* of the State of New York for a period of **at least one year immediately prior** to the date of this affidavit and application, and that I have been a resident* of the County of Saratoga for ____ of the six months immediately prior to the date of this affidavit, and that I have resided at the following places during the **year immediately prior** to the date of this application:

Former addresses include:

____ / ____ / ____ to ____ / ____ / ____
____ / ____ / ____ to ____ / ____ / ____

I further swear (or affirm) the following information:

Date of Birth ____ / ____ / ____ US Citizen Y / N Place of Birth USA ☐ Other ☐: (specify) _____
Date of high school graduation / GED (or anticipated date) ____ / ____ ☐ Active Duty Military
Social Security No. ____ -- ____ -- ____ ☐ Spouse or Dependent of Active Duty Military

Phone # (Day) _____ Mailing Address if different _____

I further state that I am registered / expect to be registered at _____ Community

College and will attend the college during the ____ / ____ semester.
(Term) (Year)

Current High School Student? Y / N If yes, _____ / _____
High School Name Grade

FOR NOTARY PUBLIC / CLERK USE ONLY:

Sworn before me this ____ day of _____,

Notary Public

My term expires ____ / ____ / ____

SIGNATURE OF APPLICANT / DATE

RESIDENCY PROOF SHOWN:

RENEWAL ☐ ____ / ____
(Term) (Year)

Certificate ☐ issued ☐ rejected by: _____ on ____ / ____ / ____

*"Resident" is defined by New York Education Law, Section 6301, paragraph 4, and Saratoga County Policy on Reimbursement of Community College Costs, Section III.

Additional proof needed: _____

Date: _____

Rev. 06/2013

SAMUEL J. PITCHERALLE
Treasurer

CYNTHIA J. BAKER
Deputy Treasurer

D'ARCY L. PLUMMER
Deputy Treasurer



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Ballston Spa, New York 12020

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JUN 4 2014

TO: Town and City Clerks Issuing Certificates of Residency
FROM: Katie Purcell, Senior Account Clerk
RE: Issuing Dates for the 2014-2015 Academic Year
DATE: May 29, 2014

Following is a list of the first day of classes for the 2014-2015 academic year for some of our neighboring community colleges. Please remember the residency certificates cannot be issued more than 60 days prior to the commencement of the respective class.

Please remember to send your completed COR Applications to this office every week. This is very important for processing bills.

SESSION	ACC		FMCC		HVCC		SCCC	
	DO NOT ISSUE BEFORE	First Day STOP ISSUE	DO NOT ISSUE BEFORE	First Day STOP ISSUE	DO NOT ISSUE BEFORE	First Day STOP ISSUE	DO NOT ISSUE BEFORE	First Day STOP ISSUE
Fall 2014	7/5/14	9/3/14	7/4/14	9/2/14	6/26/14	8/25/14	7/4/14	9/2/14
Winter 2015	11/4/14	1/2/15	11/4/14	1/2/15	10/27/14	12/26/14	-----	-----
Spring 2015	11/21/14	1/20/15	11/22/14	1/21/15	11/21/14	1/20/15	11/21/14	1/20/15
Summer I 2015	3/19/15	5/18/15	3/19/15	5/18/15	3/19/15	5/18/15	4/1/15	6/1/15
Summer II 2015	5/7/15	7/6/15	4/23/15	6/22/15	4/30/15	6/29/15	4/30/15	6/29/15

Please call the Saratoga County Treasurer's (518) 884-4724 office with any questions you may have.